

Report

Patient Name	Patient ID
CASHION, DANNY	100654923
Date of Birth	Accession Number
1946-08-26	03250923001498
Procedure	Referring Physician
CT CERVICAL SPINE WO IV CONTRAST	MA, VINCENT
Study Date & Time	Institution Name
2025-09-20 8:38 AM	RMM

RADIOLOGY REPORT

FINDINGS

FINDING

CT CERVICAL SPINE WITHOUT CONTRAST:

TECHNIQUE: Volumetric helical CT images through the cervical spine were obtained without intravenous contrast with multiplanar reconstruction performed. This exam was performed using dose optimization techniques including automated exposure control, adjustment of mA and/or kV according to patient size, and/or iterative reconstruction.

COMPARISON: 9/11/2025, 5/30/2024

FINDINGS:

There is a large corticated ossicle at the tip of the odontoid and there is an expansile cystic appearance of the mid to inferior posterior body of the odontoid with hypertrophic soft tissue, also chronic in appearance, but progressed from May 2024 comparison. Resultant mild narrowing at the craniocervical junction. No basilar invagination. There is widening of the anterior atlantodental articulation which measures just over 4 mm in AP thickness. Resultant 3 to 4 mm anterolisthesis of the posterior arch of C1. Background of advanced degenerative changes at the C1-C2 articulation and mild to moderate degenerative change at the occiput C1 articulation, greater on the left. The vertebral bodies are maintained in height. There is grade 1 anterolisthesis at C3 on C4 and C7 on T1 which appears to be due to facet degeneration. Bulky endplate osteophytes are present at C4-T2 without osseous bridging. There is severe hypertrophic facet arthrosis throughout with a left-sided predominance. No gross paravertebral collection or soft tissue gas within the limitations of a noncontrast assessment. Atherosclerotic calcifications at the carotid bifurcations and visualized portion of the proximal right subclavian. The airway is patent. There is chronic sclerosis and partial opacification of the visualized portion of the left mastoid tip.

C2/C3: Mild to moderate disc height loss with a circumferential disc bulge. Left-sided uncovertebral spurring. Severe hypertrophic facet degeneration on the left. Right neural foramen appears grossly patent. There is severe left osseous neuroforaminal stenosis.

C3/C4: Moderate disc height loss with a sizable circumferential disc osteophyte complex and

ligamentum flavum redundancy which causes likely moderate canal stenosis. There is bilateral uncovertebral spurring and bilateral severe hypertrophic facet arthrosis with moderate right and severe left osseous neuroforaminal narrowing.

C4/C5: Moderate disc height loss with a sizable circumferential disc osteophyte complex which predominates anteriorly. Spinal canal stenosis appears overall mild in conjunction with ligamentum flavum redundancy. Bilateral uncovertebral spurring. Mild to moderate right and severe hypertrophic left facet degeneration. At least moderate bilateral osseous neuroforaminal stenosis.

C5/C6: Mild to moderate disc height loss with a small to moderate circumferential disc osteophyte complex. Spinal canal stenosis appears overall mild. Bilateral uncovertebral spurring and advanced hypertrophic facet arthrosis with moderate right and mild to moderate left osseous neuroforaminal narrowing.

C6/C7: Severe disc height loss with a sizable circumferential disc osteophyte complex. There is at least moderate canal stenosis in conjunction with ligamentum flavum redundancy. Significant bilateral uncovertebral spurring and left greater than right advanced hypertrophic facet arthrosis. Moderate right and moderate to severe left osseous neuroforaminal stenosis.

C7/T1: Moderate to severe disc height loss with a sizable circumferential disc osteophyte complex. At least moderate canal stenosis in conjunction with ligamentum flavum redundancy. Bilateral uncovertebral spurring and advanced hypertrophic facet arthrosis. Mild to moderate bilateral neuroforaminal stenosis.

IMPRESSION:

Chronic hypertrophic fragmented and cystic appearance of the odontoid with pannus. While findings may be degenerative, underlying inflammatory arthropathy is also a consideration.

Large corticated ossicle at the tip of the odontoid may be sequelae of remote prior trauma or possibly due to an os odontoideum.

Advanced degenerative changes at the C1-C2 articulation with abnormal widening of the anterior atlantodental interval and grade 1 anterolisthesis.

Advanced disc, osseous, and facet degeneration throughout the cervical spine, as detailed above.

Bulky anteriorly directed osteophytes at C4-T2, likely due to diffuse idiopathic skeletal hyperostosis. Of note, there is not fusion at these levels, as was suggested on the prior radiograph.

Study CTDI vol Max: 10.70 mGy; Study DLP Sum: 217.50 mGy*cm; Associated accessions: 03250923001498

Finalized 9/22/2025 7:23 PM by Amber Dechambeau
Report Signed By Dr. AMBER DECHAMBEAU